

LMSB Fast Track Agreement

To: Local Appeals Office _____

Date _____

The undersigned request Appeals assistance in the LMSB Fast Track process as described in Notice 2001-67. The issues for which this assistance is requested are described in the Form(s) 5701 and Taxpayer's written response thereto attached to this agreement.

The following is the options selected for this process (please check one):

Fast Track Mediation

Fast Track Settlement

This Case is an Industry, or a Coordinated Industry case. (please check one)

Estimated Fast Track Process End Date _____ Preferred Conference Site _____

LMSB Team Manager Name: _____

Telephone #: (____) _____ Fax #: (____) _____ Industry: NR; HMT; RFPH; CTM; FS

Taxpayer's Name: _____

Taxpayer's EIN: _____ Tax Years Involved: _____

Taxpayer's Address: _____

Corporate Officer: _____ Title: _____

Telephone #: (____) _____ Fax #: (____) _____

Taxpayer's Representative (if applicable): _____

Name of Firm: _____

Address: _____

Telephone #: (____) _____ Fax #: (____) _____

SIGNATURES

Taxpayer Date LMSB Team Manager Date

Taxpayer's Representative (if applicable) Date

Comments and Other Participants (attach additional sheets as necessary)

Name | **Position or Affiliation** | **Phone**

Accepted by Appeals Yes No Appeals Team Manager _____ Date _____

Program Managers Approval: LMSB _____ Appeals _____

James Fike 202-283-8353

J. W. Wyatt 314-612-4639